

Summary of Benefits

Open Choice® PPO Plans

Effective 1 January 2001

Plan Provisions	Open Choice (PPO) Benefits	
	Preferred Benefits (In-Network)	Non-Preferred Benefits (Out-of-Network)
Annual Deductible		
Individual	\$200	\$400
Family	\$600	\$1,200
Out-of-Pocket Limit		
Individual	\$2,000	\$3,000
Family	\$6,000	\$9,000
Lifetime Maximum		
	Unlimited	Unlimited
Precertification		
	Network Physician handles	You handle; \$500 penalty for failure to precertify
Preventive Care		
Physical exam and immunizations (one per calendar year)	100%, no deductible, no copay	Not covered
Well-child care and immunizations Birth to age 7	100%, no deductible, no copay	Not covered
Routine gynecological exam including Pap test and related lab fees (one per calendar year)	100%, no deductible, no copay	Not covered
Mammogram (one per calendar year for women age 35 and over)	100%, no deductible, no copay	Not covered
Prostate screening exam (one per calendar year for men age 40 and over)	100%, no deductible, no copay	Not covered
Routine eye exam (one per calendar year)	100% after \$15 copay	Not covered
Lenses, frames and contacts (in addition to Vision One)	100% up to a \$75 maximum benefit per calendar year per person	100% up to a \$75 maximum benefit per calendar year per person
Routine hearing exam (one per calendar year)	100%, no deductible, no copay	Not covered
Hearing aids (\$500 lifetime maximum)	100%, no deductible	100%, no deductible
Physician Services		
Office visits for treatment of illness or injury	100% after \$15 copay	70% after deductible
Maternity care office visits	100% after \$15 copay for first visit; 100% thereafter for subsequent visits	70% after deductible
In-office surgery	100% after \$15 copay	70% after deductible
Allergy testing and injections	100% after \$15 copay when part of office visit; otherwise 100%, no deductible	70% after deductible
Specialists (office visits)	100% after \$15 copay	70% after deductible
Second surgical opinion	100%, no deductible, no copay	100%, no deductible
Hospital Services		
<i>Inpatient Services</i>		
Hospital room and board and ancillary services	100% after \$200 per confinement fee*	70% after \$400 per confinement fee*
Preoperative testing	100%, no deductible	100%, no deductible
Lab and X-ray	100%, no deductible	70% after deductible
Surgery	100%, no copay, no deductible	70% after deductible
Physician hospital visits	100% after deductible	70% after deductible
Anesthesia	100% after deductible	70% after deductible
<i>* Per confinement fee is in addition to any applicable calendar year deductible. Confinement fee is waived for subsequent hospital confinements for the same condition within the same calendar year.</i>		
<i>Outpatient Services</i>		
Surgery	100% after deductible	70% after deductible
Independent lab and X-ray facilities	100% after deductible	70% after deductible
Emergency Care		
Hospital emergency room	100% after \$50 copay (waived if admitted)	100% after separate \$50 deductible (waived if admitted)
Hospital emergency room for non-emergency care	50% after deductible	50% after deductible
Ambulance	80% after deductible	80% after deductible

Summary of Benefits

continued

Plan Provisions	Open Choice (PPO) Benefits	
	Preferred Benefits (In-Network)	Non-Preferred Benefits (Out-of-Network)
Health Care Alternatives		
Convalescent facility (up to 90 days per calendar year; prior hospitalization not required)	90% after deductible	70% after deductible
Home health care (up to 90 visits per calendar year)	90% after deductible	70% after deductible
Private duty nursing (up to 70 eight hour shifts per calendar year)	90% after deductible	70% after deductible
Hospice (inpatient and outpatient)	100%, no deductible	100%, no deductible
Other Health Care		
Family planning (voluntary sterilization)	100% after \$100 copay, no deductible	70% after deductible
Short-term rehabilitation	80% after deductible	80% after deductible
Durable medical equipment	80%, no deductible	80%, no deductible
Spinal disorder (chiropractic) (20 visits per calendar year)	100% after \$15 copay	70% after deductible
Mental Health Care*		
Inpatient (no maximum on number of days)	80% after \$200 inpatient per confinement fee	60% after \$400 inpatient per confinement fee
Outpatient (up to 45 visits per calendar year)	100% after \$25 copay	60% after deductible
Substance Abuse Treatment*		
Inpatient (up to 45 days per calendar year)	80% after \$200 inpatient per confinement fee	60% after \$400 inpatient per confinement fee
Outpatient (up to 45 visits per calendar year)	100% after \$25 copay	60% after deductible
* Outpatient day maximums for mental health and substance abuse are not combined. However, preferred and non-preferred limits are combined.		
Prescription Drug Benefits		
<i>Participating Pharmacy Program</i> (30-day supply)	<i>Participating Pharmacy</i>	<i>Non-Participating Pharmacy</i>
Generic drugs (mandatory unless not available or doctor requires brand-name)	100% after \$5 copay	Not covered
Brand-name drugs* (if generic is not available or doctor requires brand-name)	100% after \$15 copay	Not covered
<i>Mail-Order Service</i> (90-day supply)		
Generic drugs (mandatory unless not available or doctor requires brand-name)	100% after \$5 copay	Not applicable
Brand-name drugs* (if generic is not available or doctor requires brand-name)	100% after \$15 copay	Not applicable
* If you request a brand-name drug when a generic is available, you pay the brand-name copay plus the difference between the brand-name price and the generic price. If your doctor indicates a brand-name drug is medically necessary, you pay only the brand-name copay.		
<i>Prescriptions Purchased Overseas</i>		
Generic drugs		100% after deductible
Brand-name drugs		80% after deductible



Covered dependents who live outside the Open Choice network area will receive the Traditional Choice® indemnity plan level of benefits. Please see your Human Resources Representative for details. This chart displays only a general description of your benefits under the DOD NAF HBP. Should there be a conflict between the benefits shown on the chart and those in the legal plan documents, the terms of the documents will be used to determine coverages and benefits.

